



Complete Summary

GUIDELINE TITLE

Use of photoscreening for children's vision screening.

BIBLIOGRAPHIC SOURCE(S)

Use of photoscreening for children's vision screening. Pediatrics 2002
Mar; 109(3):524-5. [15 references]

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Amblyopia, strabismus, media opacities, significant refractive errors, and other treatable ocular disease processes

GUIDELINE CATEGORY

Evaluation
Screening

CLINICAL SPECIALTY

Ophthalmology
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To present recommendations for the use of photostcreening as a technique for the detection of amblyopia and strabismus in children

TARGET POPULATION

Infants and children, especially preschool-aged children and children with developmental delays

INTERVENTIONS AND PRACTICES CONSIDERED

Photostcreening

MAJOR OUTCOMES CONSIDERED

- Vision screening rates
- Amblyogenic risk factors
- False-positive and false-negative result rates of photostcreening (sensitivity, specificity, and predictive values of tests)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Vision screening should be performed at the earliest possible age and at regular intervals during childhood as recommended by the American Academy of Pediatrics (AAP). The goal remains to eliminate preventable blindness and treatable visual disability.
2. Photostreening is an innovative tool that can facilitate vision screening in children, especially in children who are difficult to screen (i.e., infants, toddlers, and children with developmental delays). Photostreening systems are one option to increase the screening rate in preschool-aged children.
3. Regardless of the type of photostreening system used, the evaluator must know how to properly apply the technology and understand the limitations of the test, such as the possible occurrence of false-positive and false-negative results as they apply to the population being tested.
4. Photostreening needs to be studied more extensively. The American Academy of Pediatrics favors additional research of photostreening devices and other vision screening methods in large, controlled studies to elucidate validity of results, efficacy, and cost-effectiveness for identifying amblyogenic factors in different age groups as well as subgroups of children. The goal remains to eliminate preventable childhood blindness and treatable visual disability.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Not stated

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Detection of poor vision or risk factors that interfere with vision and normal visual development
- Increase in vision screening rates in infants, preverbal children, and those with developmental delays who are most difficult to screen

Subgroups Most Likely to Benefit:

Children at high risk for eye problems, such as premature infants or children with developmental delays or a family history of eye problems

POTENTIAL HARMS

Potential for false-positive or false-negative test results

QUALIFYING STATEMENTS

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2002 Mar

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

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Section on Ophthalmology

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from AAP, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on July 22, 2002.

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